

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10580083

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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17	/		/	①		
18	/		/	①		
19				①		
20			①			
21			①			
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28			①			
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31			①			
32			①			
33		①	①			
34		①	①			
35		①	①			
36		①	①			
37		①	①			
38		①	①			
39		①	①	①		
40		①	①	①		
41		①	①	①		
42		①	①	①		
43		①	①	①		
44		①	①	①		
45		①	①	①		
46		①	①	①		
47		①	①	①		
48		①	①	①		
49		①	①	①		
50		①	①	①		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/			
52	/		/			
53	/		/			
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						